## **COMBINED DECLARATION FOR PATENT** APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

Attorney's Docket Number

H0002460

U.S. Application No. (if known)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AIR STAGED CATALYTIC COMBUSTION SYSTEM				
the specification of which				
OR				
was filed as United States	s Application Number <b>or</b> PCT International Ap	oplication Number		
on				
and was amended				
on	(if applicable)			
amendment referred to above.  acknowledge the duty to disclose inform Regulations, §1.56.  Thereby claim the benefit under Title 35, (Application Number)  Application Number)  Application Number)  Application Number)  Actificate or §365 (a) of any PCT internated below and have also identified below any date before that of the application(s) of whether the state of the application of the state		this application in accordance with Title states application application (s) listed below.  I) or §365 of any foreign application (s) for st one country other than the United States accrtificate or any PCT international application (s)	37, Code of Fe	entor's listed
	S) AND ANY PRIORITY CLAIMS UNDER 35		T DDIODIT	/ OL ALLED
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)		CLAIMED 5 USC 119
			□YES	□NO

## Combined Declaration For Patent Application and Power of Attorney Attorney's Docket Number (Continued) H0002460 (Includes Reference to PCT International Applications) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365 of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: U.S. APPLICATIONS STATUS (Check one) U.S. APPLICATION NUMBER U.S. FILING DATE PATENTED PENDING ARANDONED PCT APPLICATIONS DESIGNATING THE U.S. PCT APPLICATION NO. PCT FILING DATE U.S. SERIAL NUMBERS ASSIGNED (if any) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number); Robert Desmond, Reg. No. 38,430; Larry Palguta, Reg. No. 29,575; Jeanne C. Suchodolski, Reg. No. 34,936; Jerry Holden, Reg. No. 34,182; and Roger H. Criss, Reg. No. 25,570; William J. Zak, Jr., Reg. No. 38,668, all attorneys with Honeywell International, Inc., Law Dept. AB2, P.O. Box 2245, Morristown, NJ 07962-9806. Send Correspondence to: **Direct Telephone Calls to:** (name and telephone number) Honeywell International, Inc. Law Dept. AB2 Robert Desmond P.O. Box 2245 (602) 365-2588 Morristown, NJ 07962-9806 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME \_2 FULL NAME OF INVENTOR 0 Critchley lan CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & Phoenix ΑZ British/Canadian CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE 16202 S. 26th Place Phoenix AZ 85048 **ADDRESS** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME 2 FULL NAME OF INVENTOR 0 2 CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF 2 INVENTOR 0 3 CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

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